

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018264

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP, only)  
OR TOWN Jackson Township

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Cherokee

c. CITY  
OR TOWN

Columbus

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Lake of The Ozarks

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Route 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

STEPHEN

Middle

GREGG

Last

MELTON

4. DATE  
OF DEATH

Month

May

Day

13

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6 Dec 1943

9. AGE (last birthday)

18

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Soldier

10b. KIND OF BUSINESS OR INDUSTRY

US Army

11. BIRTHPLACE (City and state or country)

Albany, California

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William S. Melton

13b. MOTHER'S MAIDEN NAME

Cora Alberta (Unknown)

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes 6 Apr 62 to date

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William S. Melton, Rte 2, Columbus, Kan

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxia

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Drowning

DUE TO (c)

Same

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Swimming (Non-Swimmer) at Ft Leonard Wood

20c. TIME OF INJURY

Hour Month, Day, Year

4:30

May 12, 62

Recreational Area, Lake of The Ozarks, Missouri

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Lake

20f. CITY, TOWN, OR LOCATION

Jackson Township

COUNTY

Camden

STATE

Missouri

21. I attended the deceased

GGK

xx May 13, 1962

and last saw him alive on never

Death occurred at pronounced dead 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

THEODORE W. GARRISON, Jr. MD

22b. ADDRESS

Camdenton, Missouri

22c. DATE SIGNED

5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Columbus, Kan.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carl J. Glenn West 10th. Rolla, Mo.

25. DATE RECD. BY LOCAL REG.

May 15-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Inaw.

MAY 22 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Carl J. Glenn*

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.